STATE OF SOUTH DAKOTA)	IN CIRCUIT COURT
COUNTY OF	:SS)	JUDICIAL CIRCUIT
, , , , , , , , , , , , , , , , , , ,		File No
Plaintiff,		
vs.		MOTION (Self-Represented Litigants)
Defendant		
Comes now, this Court for an Order awarding		(insert name), and respectfully moves
A hearing is requested as soon as prac	ticable to hear the part	ties and present evidence regarding the above-
stated issue. The Affidavit in Suppor	t of Motion is / is not	(circle one) attached hereto and incorporated
herein by reference.		
Dated this day of	f	
	Self-Represented	Litigant's Signature

STATE OF SOUTH DAKOTA)	IN CIRCUIT COURT	
COUNTY OF)	JUDICIAL CIRCUIT	
Plaintiff, vs.	File No AFFIDAVIT IN SUPPORT OF MOTION	
Defendant.		
I, under penalty of law that the following is	, (insert legal name) hereby swear under oath and true:	
2. I submit this Affidavit in Support of	pefendant (circle one) in the above-entitled action. of my Motion, dated are as follows:	
4. I am requesting that the Court		
Dated this day	of, 20	
Sworn/affirmed before me this,	Plaintiff's Signature (Sign only in front of a notary or clerk of courts) Name:(Printed) Address: City/State/Zip: Telephone: ()	
(Notary Public/Clerk of Courts) (SEAL)	If notary, my commission expires:	

STATE OF SOUTH DAKOTA) IN CIRCUIT COURT
COUNTY OF	:SS)JUDICIAL CIRCUIT
Plaintiff,	File No
VS.	AFFIDAVIT OF MAILING
, Defendant	
I,	, the above-named Plaintiff /
Defendant (circle one), being duly sw	worn, state that on,
20, I served the following docu	uments (check the documents sent to the other party):
□ Motion □ Affida	n vit in Support of Motion
by placing true and correct copies of	the documents in an envelope addressed to:
	, the above-named Plaintiff /
	(insert the other
	of, State of
	Code, state of Code, and depositing the envelope, with
	es Mail at
(insert the city and state where you a	leposited the mail).
Dated this day of	, 20
	Self-Represented Litigant's Signature (Sign only in front of a notary or clerk of courts)
	Name: (Printed)
Sworn/affirmed before me this	Address:
day of,	City/State/Zip: Telephone: ()
(Notary Public/Clerk of Courts)	
(SEAL)	If notary, my commission expires:
	Page 3 of 3 Form UJS-338